



Express Mail Label No: EL591998517US

Date of Deposit: June 21, 2001

Atty. Docket No.: 17633/1120

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application of: Faustman and Hayashi  
Serial No.: 09/258,682  
Filed: February 26, 1999  
Entitled: "Methods for Diagnosing and  
Treating Autoimmune Disease"

Examiner:

Group Art Unit:

#12  
Harry  
June 29, 01

Commissioner for Patents  
Washington, D.C. 20231

AMENDMENT TRANSMITTAL LETTER

Sir:

1. Transmitted herewith is an amendment in response to the Office Action mailed on March 22, 2001 in the above-referenced patent application.

STATUS

2. Applicant is  
☒ a small entity.  
☐ other than small entity.

EXTENSION OF TIME

3. The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply.

☒ Applicant petitions for an extension of time under 37 CFR 1.136

	Extension (months)	Fee for other than small entity	Fee for small entity
<input type="checkbox"/>	ONE month	\$110.00	\$55.00
<input checked="" type="checkbox"/>	TWO months	\$390.00	\$195.00
<input type="checkbox"/>	THREE months	\$890.00	\$445.00
<input type="checkbox"/>	FOUR months	\$1,390.00	\$695.00
<input type="checkbox"/>	FIVE months	\$1,890.00	\$945.00
		Fee	<u>\$195.00</u>

If an additional extension of time is required, please consider this a petition therefor.

06/26/2001 KZENDIE 00000008 09258602

01 FC:216 195.00 0P

- (a) ☐ An extension for \_\_\_\_\_ has already been secured and the fee paid therefor of \$ \_\_\_\_\_ is deducted from the total fee due for the total months of extension now requested.

Extension fee due with this request \$195.00

OR

- (b) ☐ Applicant believes that no extension of time is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.

### FEE FOR CLAIMS

4. The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

CLAIMS AS AMENDED						
	(1)	(2)	(3)			
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	62	minus	65	0	x \$18	0
INDEPENDENT CLAIMS	10	minus	10	0	x \$80	0
MULTIPLE DEPENDENT CLAIM ADDED	No				\$270	0
					<b>TOTAL</b>	<b>0</b>
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2 and enter amount here.					<b>SMALL ENTITY TOTAL</b>	<b>0</b>

- (c) ☒ No additional fee for claims is required.

OR

- (d) ☐ Total additional fee for claims required \$ \_\_\_\_\_

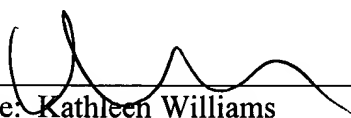
### FEE PAYMENT

5. ☒ Attached is a check in the sum of \$195.00

- ☒ Charge Deposit Account No. 16-0085, Reference No. 17633/1120 any additional necessary fees.

A duplicate of this transmittal is attached.

Respectfully submitted



---

Name: Kathleen Williams

Registration. No.: 34,380

Palmer & Dodge LLP

One Beacon Street

Boston, MA 02108

Tel: 617-573-0100